

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049260

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

12499

FILED DEC 27 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY
OR
TOWN

Overland

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

10427 Lackland Rd.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

JENNIE

Middle

E.

Last

BLANSETT

4. DATE
OF
DEATH

Month

Dec.

Day

16

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-19-1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jim Rogers

13b. MOTHER'S MAIDEN NAME

Martha

14. NAME OF HUSBAND OR WIFE

Late W. H. Blansett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Imogene Barnett 10427 Lackland Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-9-63

to 12-16-63

and last saw him alive on

12-16-63

Death occurred at

11:50 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Jerome De Noury M.D.

22b. ADDRESS

950 Francis Clayton

22c. DATE SIGNED

Dec 17 1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Dec. 19, 1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Imboden, Ark.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 9450 Olive St. Road

25. DATE RECD. BY LOCAL REG.

DEC 17 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

Dr. Bernard DeHovitz Pa. 6-5200
950 Francis Pl. 2-4:30 Tue.
3-5 Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Dunn

Licensed Embalmer No. 4527

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.